



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES  
TOTAL RETENTION FACILITIES  
TOTAL RETENTION FACILITIES with LAND APPLICATION  
WASTEWATER BYPASS FORM

RECEIVED  
AUG 31 2017  
ECLSS

DEQ Facility ID:

Facility Name: Rural Water & Sewer

County: Pittsburg

District No. 20

Report all Total Retention Facility and  
Total Retention Facilities with Land Application  
wastewater bypasses to  
DEQ/ Environmental Complaints and Local Services  
within 24 hours at:

**1-800-522-0206**

Mail or Fax written report including copies of ANY test results  
within 5 days to:

Department of Environmental Quality  
Environmental Complaints and Local Services  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
Fax No. (405) 702-6226

DEQ notified: 8 25 2017 4:22  AM  PM

Month Day Year Time

Period of bypass: From 8 25 2017 12:00  AM  PM

To                                                                              AM  PM

Type of Bypass:  Pipe  Lagoon/Basin  Manhole  Head Works  Lift Station

Strength of Bypass  Raw  Partially Treated Amount of Bypass: \_\_\_\_\_

Type of samples taken:  BOD  TSS  Fecal  pH  None  Other: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: NE Corner of Basin 3

at Lat. 35°21'00.92" Long. -95°53'33.6"

Reason for bypass: Heavy rainfall

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass?  Yes  No How? \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: minimal due to excessive rainfall to area

Steps taken to clean up or treat bypass: Lime was applied to affected area

Reported by: Laci Allen Title: Admin Mgr

Signature: Laci Allen Date: 8-25-17

*Facility Representative*

DEQ EPS USE ONLY:

Type of Contact:  Phone or  Site Visit Date: \_\_\_\_\_ Follow up Site Visit  Date: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: \_\_\_\_\_

Reason for bypass: \_\_\_\_\_

Steps taken to prevent recurrence: \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: \_\_\_\_\_

Steps taken to clean up or treat bypass: \_\_\_\_\_

Corrective action needed: \_\_\_\_\_ Comply by date: \_\_\_\_\_

Reported information confirmed:  Yes  No If no, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

*ECLSS Representative*